

# HOMECARE REGISTRY - INDIVIDUAL

Howard County Office on Aging

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

## INDIVIDUAL INFORMATION

INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
<b>Amara, Josephine</b> 410-300-9173 C <i>Availability:</i> Monday-Friday 8pm-8am <i>Information:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Annoh, Nana</b> 240-838-1707 H <i>Availability:</i> Anytime <i>Information:</i> CPR	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Bandle, Christiana</b> 443-676-5461 C <i>Availability:</i> Mon-Fri flex morning hrs; Sat morning, Sun after 3pm. <i>Information:</i> Call for details.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Banto, Olivia</b> 443-657-3026 H <i>Availability:</i> M-Sat <i>Information:</i> liviwbanto@hotmail.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Bonsu, Gloria Osei</b> 240-241-3948 C <i>Availability:</i> Flexible <i>Information:</i> CPR, First Aid & training in usage of hooyer lifts, g tube care and colostomy bag care.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Brister, Mary Ann</b> 410-489-6756 H 301-775-6102 C <i>Availability:</i> Open <i>Information:</i> Certified in Adult & Child CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Carroll, Tonya</b> 443-538-8894 H <i>Availability:</i> <i>Information:</i> Certified Medication Tech, Adult AED, CPR, First Aid, Licensed Cosmetologist, HIPPA tonyacarroll48@yahoo.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Celius, Daniela</b> 410-715-1045 H 443-538-0353 C <i>Availability:</i> Contact for details <i>Information:</i> PCT, PCA, CPR, French & Creole Languages.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

**DISCLAIMER:** Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

INDIVIDUAL INFORMATION		CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON	
<b>Coleman, Jacqueline</b> 443-629-4899 C <i>Availability:</i> Anytime <i>Information:</i> Light lifting. ON with advanced notification.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
												<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Conteh, Sidratu</b> 240-643-6443 H 240-643-6443 C <i>Availability:</i> Flexible day or evening hours. <i>Information:</i> Call for details.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
												<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Cook, Tasha</b> 443-668-9526 H tashacook2332@yahoo.com <i>Availability:</i> Flexible <i>Information:</i> Experience working with stroke patients & EKG; Med Tech certification, GNA, CAN, CPR, First Aide Ceritified.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
												<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Cottman, Brenda</b> 443-864-4113 H 410-262-5710 C <i>Availability:</i> Mon-Fri 10am-6pm; Sat late night. <i>Information:</i> CPR, First Aid, Toilet with assistance; Experience with Parkinson's Disease & Terminally ill.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
												<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Crenshaw, Helen</b> 410-298-1335 H <i>Availability:</i> Anytime <i>Information:</i> CPR, American Red Cross		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
												<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Daniels, Melinda</b> 410-964-0258 H 301-275-3322 W <i>Availability:</i> Flexible <i>Information:</i> Experience in Assisted Living Facilities and Group Homes; CPR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
												<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>DePaula, Marcia</b> 240-444-5751 C irshbty@aol.com <i>Availability:</i> Sat 8p-Sat 8a (6.5 days/wk avail), Avail live-in or hourly. <i>Information:</i> Special training: hoyer lift, ileostomies, B/P, wound care, tube feeding, nail care, catheter care, colostomies, PT/OT.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
												<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Dixon, Denise</b> 410-489-6110 H 443-812-1056 W <i>Availability:</i> Mon-Fri 11am-2pm <i>Information:</i> Call for details.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
												<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Dixon, Elizabeth</b> 410-944-1093 H edixon2135@yahoo.com <i>Availability:</i> Mon-Sat <i>Information:</i> Call for details.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
												<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											

Page 2 of 10

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
<b>Dixon-Holmes, Trina</b> 410-208-8528 H tshortydiva1@aol.com <i>Availability:</i> Mon-Fri 9am-5pm; 1/2 day Sat <i>Information:</i> CPR, Medication Observed; Nursing Assitant, Medical Assistant, Home Health Caregiver training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Eldridge, Janet</b> 410-218-0910 H leedjanet63@yahoo.com <i>Availability:</i> 4pm-12pm Weekdays, 8am-5pm Weekend, some overnight <i>Information:</i> Hospice, Alzheimer, Nursing Home, Hospital ICU & CCU training. CPR/First Aide cert.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Evans, Rachel</b> 301-776-8059 H 240-671-7928 C <i>Availability:</i> Days, nights & some weekend. <i>Information:</i> EMT	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Evans, Sandra</b> 240-370-5726 C <i>Availability:</i> Varys <i>Information:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Ferguson, Celestine</b> 443-546-3992 H 301-204-3984 C <i>Availability:</i> Mon-Fri 9am-8pm <i>Information:</i> First Aid and CPR certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Funmilayo, Tunmbi</b> 410-707-1201 C <i>Availability:</i> Mon-Fri daytime hrs; Sat-Sun anytime. <i>Information:</i> CPR, First Aid, Personal Care; Anharic Language.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Gederon, Carol</b> 240-501-7896 H <i>Availability:</i> Mon-Sat, 36-40 hrs/week <i>Information:</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Graham, Jolauda</b> 240-483-8264 C jgraham894@aol.com <i>Availability:</i> Mon-Fri, some weekends. <i>Information:</i> Prefers to lift patients with equipment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Green, Hope</b> 410-564-4074 H handsofhopeservices@gmail.com <i>Availability:</i> Flexible hrs during week, alternating weekends. <i>Information:</i> First Aid, CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

**DISCLAIMER:** Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

INDIVIDUAL INFORMATION		CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	ON
<b>Hall, Denise</b> 410-437-3587 <i>Availability:</i> Flexible days and hours <i>Information:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Henderson, Angela</b> 443-518-0367 C herndersonangelad@yahoo.com <i>Availability:</i> Mon-Sun, Flexible/no nights <i>Information:</i> CPR & First Aid Certification. Meds & Supervisory training.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Howard, Lisa</b> 301-596-6814 H 443-208-8741 C <i>Availability:</i> No restrictions <i>Information:</i> Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Jamil, Muhammad</b> 410-730-1645 H 443-766-0487 C <i>Availability:</i> Day/night, including weekends. <i>Information:</i> Urdu Language; Call for details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Kathurima, Jane</b> 301-793-5281 H info@victoryhomehealthcare.org <i>Availability:</i> Flexible <i>Information:</i> First Aid, CPR, Personal Care; Minimal Spanish Language.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Keaser, Angela M</b> 443-591-2906 C <i>Availability:</i> Flexible evenings, 5pm-until. Negotiable weekends. <i>Information:</i> CPR, First Aid, AED, CMT Certified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Krapa-Gyasi, Anthony Kitson</b> 443-642-8404 H <i>Availability:</i> Mon-Fri 7am-6pm; Saturday 8-1pm. <i>Information:</i> CPR, First Aid, Food Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Kukuruku, Eva</b> 301-362-1960 H 301-536-5938 C <i>Availability:</i> Flexible <i>Information:</i> Call for details.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Lang, Karen</b> 443-536-1022 C <i>Availability:</i> Flexible <i>Information:</i> CPR, Over 16 years experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											

Page 4 of 10

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
<b>Lesperance, Irene</b> 410-715-8730 H <i>Availability: Anytime during the day; flexible hrs at night.</i> <i>Information: French &amp; Creole; Call for details.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Linder, Lamona</b> 410-579-8877 H lamona@verizon.net <i>Availability: Anyday 6am-6pm.</i> <i>Information: Call for details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Locke, Beryl</b> 443-860-9491 H 410-660-3501 C beryl_locke@yahoo.com <i>Availability: Sat/Sun overnight, Mon-Fri 9-3 or Mon- Fri 5-10</i> <i>Information:</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Lofton-Greene, Javonne She</b> 410-740-3319 H 410-294-9973 C lshenay@yahoo.com <i>Availability: Mon-Sat 9am-3pm</i> <i>Information: CPR, EKG</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Matthis, Donna Lynn</b> 443-567-1429 H 443-547-9707 C <i>Availability: Anytime</i> <i>Information: Hospice Training, Administers Medication</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Mbuh,Florence</b> 240-646-2638 H <i>Availability: Mon-Sat</i> <i>Information:</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>McCray, Debra</b> 443-570-0558 H <i>Availability: Days, some weekends.</i> <i>Information: CPR, First Aid, over 30 years experience</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>McDonald, Kimberly F.</b> 301-861-6359 C <i>Availability: Part-time</i> <i>Information: Call for details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Meribe, Ngozi</b> 301-905-8889 H <i>Availability: Mon-Sun</i> <i>Information: Call for details.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

**DISCLAIMER:** Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.



INDIVIDUAL INFORMATION		CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON	
<b>Mi Kang Yi</b> 410-404-5317 C <i>Availability:</i> Mon-Sat 7am-7pm <i>Information:</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
												<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Midi, Gerda</b> 410-579-2004 H 410-794-6957 C <i>Availability:</i> Available nights & flexible days. <i>Information:</i> CPR, Medication, Blood Sugar, EKG, IV & Catheter, Prefers Columbia, ElkrIDGE, Jessup & Ellicott City locations.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
												<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Moore, Sharon</b> 240-264-7413 C <i>Availability:</i> Weekdays <i>Information:</i> CPR		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
												<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Morsell, Teresa</b> 443-827-5387 H <i>Availability:</i> Mon-Sat, live-in or 8-12 hours. <i>Information:</i> Medication, Experience with Personal Care, errands, administering meds & as a live in.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
												<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Njangba, Etienne</b> 443-813-8209 H <i>Availability:</i> Anytime <i>Information:</i> Call for details.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
												<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Nsereko, Douglas</b> 240-646-4593 H <i>Availability:</i> Mon, Wed, Thurs 9:30am-1:30pm. <i>Information:</i> Call for details.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
												<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Oladapo, Mutiat</b> 443-518-6390 C <i>Availability:</i> <i>Information:</i> 6am-2pm, 11pm-7am, morning or night shift; HHA, CPR training.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
												<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>dtdesigns10@gmail.com</b>																							
<b>Osuji Peter Chikwunyere</b> 301-306-4261 H 240-444-9821 O 240-605-0666 C pirabor@yahoo.com <i>Availability:</i> <i>Information:</i>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
												<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Ousley, Jen</b> 865-617-3547 C <i>Availability:</i> Anytime <i>Information:</i> Lift up to 80 pounds dead weight, no more than 40 pounds. CPR, First Aid & Alzheimer's Training.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
												<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											

Page 6 of 10

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist, C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
<b>Page, Karen</b> 443-367-1238 H kpage@verizon.net	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Availability:</i> Mon-Fri anytime; Sat evenings; Sun anytime.									<a href="#">Experience working with:</a>												
<i>Information:</i> 2 yr wound care experience, MA Waiver Certified, Personal Care; Elkridge & Laurel Locations.									Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
<b>Payaswini, Shah</b> 410-799-9148 H 410-321-2737 W 443-570-1067 C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Availability:</i> 4 days a week; 6 hours per day.									<a href="#">Experience working with:</a>												
<i>Information:</i>									Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
<b>Pearson, Perlina</b> 410-997-9111 H prlpears@aol.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Availability:</i> Mon-Fri 7am-4:30pm (PRN/SAT)									<a href="#">Experience working with:</a>												
<i>Information:</i> Certified Nurse Assistant and Home Care Aid, CPR.									Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Peigne, Rose</b> 410-964-3084 H 443-538-8977 C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Availability:</i> Tues, Wed, Thurs flexible hrs, some weekends.									<a href="#">Experience working with:</a>												
<i>Information:</i> Call for details.									Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
<b>Pettit, Judy</b> 443-889-2037 C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Availability:</i> Mon-Fri 8 hour or 12 hour shifts.									<a href="#">Experience working with:</a>												
<i>Information:</i> Employed as nurse since 1989									Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
<b>Redd, Evangelin Geneva</b> 410-496-7362 H 410-303-5517 C genevaredd@verizon.net	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<i>Availability:</i> Mon-Fri 7am-7pm, some weekends.									<a href="#">Experience working with:</a>												
<i>Information:</i> CPR, First Aid									Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Robinson, Janet</b> 410-530-8571 C janet.robinson3@yahoo.com, jsr.busi	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Availability:</i> Monday-Friday 9am-3pm.									<a href="#">Experience working with:</a>												
<i>Information:</i> CPR, First Aid, Personal home health care									Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												
<b>Robinson, Joan</b> 410-655-6474 H 443-865-6523 C	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<i>Availability:</i> Mon, Wed, Fri 10am-2pm; Tues, Thurs 8am-2pm.									<a href="#">Experience working with:</a>												
<i>Information:</i> CPR, First Aid, 35 yrs exp as a CNA for state hospital.									Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>												
<b>Rochelin, Marie J</b> 301-890-2975 H 240-620-1307 C ojrochlin10@hotmail.com	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Availability:</i> Evenings/weekends.									<a href="#">Experience working with:</a>												
<i>Information:</i> French & Creole Languages; Call for details.									Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>												

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

**DISCLAIMER:** Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist. C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
<b>Rohme, Jessica</b> 240-898-7286 C jessicaledroux@gmail.com <i>Availability:</i> Mon-Fri 9-6 <i>Information:</i> CPR & First Aide, AED Training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Rudd, Shanon</b> 410-872-4948 H 410-812-1947 C <i>Availability:</i> Mon-Fri 10am-6pm. <i>Information:</i> CPR, Medical Assistant, Overnight upon request only.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Sanders, Carmelle</b> 240-706-1053 H sanders.carmelle@aol.com <i>Availability:</i> <i>Information:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Savage, Pam</b> 410-599-2312 C artfun1102@gmail.com <i>Availability:</i> Fri-Sun Flexible hours. <i>Information:</i> Licensed Health Care Provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Scales, Shawndrita</b> shawndrita.hodges@gmail.com <i>Availability:</i> Monday-Friday 7am-7pm, alternate weekends <i>Information:</i> Professional CAN with 10+ years experience working with the elderly in different health care settings such as nursing homes, private homes, assisted living and hospitals.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Senyoh, Selina</b> 240-328-2697 C selina.senyoh@gmail.com <i>Availability:</i> Mon-Sat 7am-7pm, 8am-8pm, 7pm-7am. <i>Information:</i> Call for details.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Serrano, Arlene</b> arleneserrano19@yahoo.com <i>Availability:</i> Monday to Friday, 8 am - 12 noon <i>Information:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Simpson, Sharon</b> 410-207-4874 C srs20794@aol.com <i>Availability:</i> Anytime <i>Information:</i> CPR, MA Waiver Certified	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>St. Hill, Teresa</b> 240-274-0394 C <i>Availability:</i> Anytime <i>Information:</i> Call for details.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

**DISCLAIMER:** Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.



CNA-Certified Nursing Assistant, CMA-Certified Medical Assistant, GNA-Geriatric Nursing Assistant, MT-Medical Technician, LPN-Licensed Practical Nurse, RN-Registered Nurse, HHA-Home Health Aide, COS-Cosmetologist, C-Companion, LI-Live In, LC-Light Cleaning, HC-Heavy Cleaning, MP-Meal Preparation, S-Shopping, R-Reading, LA-Laundry, LF-Lifting, T-Toileting, G-Grooming, TR-Transportation, ON-Overnight.

INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
<b>Sweet, Allyn Grace</b> agsweet@usa.net <i>Availability:</i> Monday-Friday, 4 hours/day between 9am and 4pm <i>Information:</i> Certificates in Reiki, Healing Touch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Thomas, Mable E.</b> 443-520-3291 H <i>Availability:</i> Mon-Fri anytime after 11am. <i>Information:</i> Certified as a Care Provider Assistant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Thomas, Tyeacha</b> 443-760-2801 H 443-760-2145 O tyeachabailey@yahoo.com <i>Availability:</i> 7:30am-7pm; 9am-5pm; 3pm-11pm <i>Information:</i> CPR	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Trumbauer, Beatrix E.</b> 410-651-3994 H 443-366-4557 C <i>Availability:</i> Part-time except for overnight care. <i>Information:</i> Call for details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Tyson, Myra</b> 443-474-1587 H myramnm@comcast.net <i>Availability:</i> Flexible 1-24 hours, may call anytime or emergencies. <i>Information:</i> CPR, Home Care Nurse, Recreation, outings, pediatrics, tube feeding, mental health, hospice, transport limited, no restrictions.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Valentine, Catherine E.</b> 443-542-2425 H <i>Availability:</i> Flexible <i>Information:</i> Training for Home Care, Principles of Behavioral Change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Vick, Michael</b> 410-975-8633 H 214-799-8634 C michael-vick@swbell.net <i>Availability:</i> Mon-Fri 5pm-8:30am and 5:30pm-11pm <i>Information:</i> Basic Life Support Training (BLS/CPR), First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Vodi, Olivia</b> 240-328-2697 H <i>Availability:</i> Mon-Sat 7am-7pm <i>Information:</i> Call for details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Wasser, Carol</b> 410-290-9662 H <i>Availability:</i> Anytime <i>Information:</i> Call for details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											

If you need this publication in an alternate format, please contact the Maryland Access Point 410-313-5980 (Voice/Relay).

**DISCLAIMER:** Howard County Government Office on Aging does not endorse any person listed on the registry and is only providing contact information. The Howard County Government Office on Aging is not responsible for the performance of people on the Home Care Partner Registry.

INDIVIDUAL INFORMATION	CNA	CMA	GNA	MT	LPN	RN	HHA	COS	C	LI	LC	HC	MP	S	R	LA	LF	T	G	TR	ON
<b>Whyte, Tanyah</b> 443-542-0569 H 410-531-6000 W 973-336-4184 C <i>Availability:</i> <i>Information: CPR certified.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Williams, Dianna Maria</b> 410-740-4336 H 443-827-3492 C <i>Availability: Open</i> <i>Information: Hair &amp; nails</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Wood, Sonia</b> 410-799-3483 H 443-623-0948 C <i>Availability: Mon-Fri evenings, Saturdays.</i> <i>Information: Call for details.</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Yaro. Ahmad Mahmoud</b> 443-474-2381 C <i>Availability: Mon-Fri 3pm-12am; Sat-Sun 7am-10pm every other weekend.</i> <i>Information:</i> yaro.ahmad@yahoo.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input type="checkbox"/> Younger Person with Disability <input type="checkbox"/>											
<b>Yates, Monica</b> 410-992-3087 H <i>Availability: Anytime</i> <i>Information: CPR, First Aid, 15 years experience with older adults</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Yeonjoo (Woo) Pierson</b> 410-353-5847 C <i>Availability: Mon -Sat 10am-6pm or as needed</i> <i>Information: CPR</i> loveinjesus@ymail.com	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input checked="" type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input checked="" type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											
<b>Yohuno, Patricia</b> 410-340-0733 C <i>Availability: Flexible</i> <i>Information: Medical Assistant, EKG Tech, CPR &amp; First Aid</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
										<a href="#">Experience working with:</a> Deaf <input type="checkbox"/> Alzheimer/Dementia <input checked="" type="checkbox"/> Blind <input type="checkbox"/> Incontinent <input checked="" type="checkbox"/> Younger Person with Disability <input checked="" type="checkbox"/>											

Page 10 of 10